

1. Personal data

Social security number:.....
Name:.....
Date of birth:.....
Phone number:.....
Gender: Female / Male

Date of intervention on WOPN:
Type of intervention: endoscopic / percutaneous / surgical

Country:
City:
Hospital:
Doctor:
Blood sample code:
Date of blood sampling:

2. Control

2.1. First control (on the 3rd week)

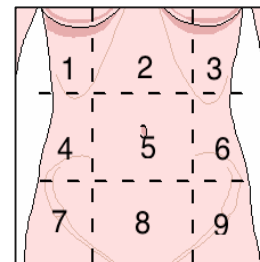
Date of fist control:.....

Is the patient treated in hospital now? yes / no / N/A

If yes, in which department?

2.1. Anthropometry

Weight: (kg)
Height:.... (cm)
Body mass index:



2.2. Complaints, symptoms

Abdominal pain: yes / no / N/A

if yes: since when (hours):.....

type: N/A / cramping / dull / sharp intensity (1-10):.....

location: diffuse / localised

Please mark the location!

radiation:.....

Nausea: yes / no

Vomiting: yes / no

if yes: how many times:.....

contents of cast: unknown / watery / containing food residue / bloody / containg bile

Subfebrility/fever: yes / no

if yes: Since when:.....

Temperature (axiliar): °C

Temperature (rectal):..... °C

Appetite: good / retained / bad

Weight loss: yes / no

If yes: How long did it take? (weeks):.....

How much (kg):.....

Stool: normal / diarrhea / constipation / fatty / putrid / undigested food / bloody / mucus

Please refer to the period just before your symptoms has started

2.3. Laboratory parameters on first control:

Erythrocyte sedimentation rate(ESR)/Westergren (mm/h)	
C-reactive protein (mg/l)	
Procalcitonin (ng/ml)	
Blood count	
White blood cell count (G/l)	
Red blod cell count (T/l)	
Hemoglobin (g/l)	
Hematocrit (%)	
MCV	
Thrombocyte (G/l)	
Ions	
Sodium (mmol/l)	
Potassium (mmol/l)	
Calcium (mmol/l)	
Magnesium (mmol/l)	
Phosphate (mmol/l)	
Chlorid (mmol/l)	
Iron (umol/l)	
Pancreas	
Glucose (mmol/l)	
Alfa amylase (U/l)	
Lipase (U/l)	
Renal function	
Blood urea nitrogen (mmol/l)	
Creatinine (umol/l)	

eGFR	
Liver function	
Total bilirubin (umol/l)	
Direct/conjugated bilirubin	
Indirect/unconjugated bilirubin (umol/l)	
ASAT/GOT (U/l)	
ALAT/GPT (U/l)	
Gamma GT (U/l)	
Alkaline phosphatase (U/l)	
Lactate dehydrogenase (LDH) (U/l)	
Protrombin (%)	
Protrombin INR	
Metabolism	
Cholesterol (mmol/l)	
Triglycerid (mmol/l)	
Uric acid (umol/l)	
TSH (mU/l)	
HgbA1C (%)	
Proteins	
Total protein (g/l)	
Albumin (g/l)	
Blood gas parameters	
PaO2 (Hgmm)	
HCO3 (mmol/l)	
sO2 (%)	
Other	

2.1.4. Therapy:

Intravenous fluid yes / no / N/A
 if yes: type of fluid.....
 amount(ml)

Parenteral feeding yes / no / N/A
 if yes type
 amount(ml)

Enteral feeding yes / no / N/A
 if yes: nasogastric / nasojejunal
 formula:
 amount:..... (ml)
 dilution: yes / no
 if yes: degree of dilution:

Oral feeding: yes / no / N/A

Pain management: yes / no / N/A
if yes:

Name of medication:..... active substance:..... dose: dose without unit (number only!)
unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):
..... Method of administration: N/A / intravenous / oral / enteral / subcutan other notes:
.....
.....

Name of medication:..... active substance:..... dose: dose without unit (number only!)
unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):
..... Method of administration: N/A / intravenous / oral / enteral / subcutan other notes:
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unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):
..... Method of administration: N/A / intravenous / oral / enteral / subcutan other notes:
.....

Antibiotic therapy: yes / no
If yes: details

Name of medication:..... active substance:..... dose: dose without unit (number only!)
unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):
..... Method of administration: N/A / intravenous / oral / enteral / subcutan other notes:
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unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):
..... Method of administration: N/A / intravenous / oral / enteral / subcutan other notes:
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Name of medication:..... active substance:..... dose: dose without unit (number only!)
unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):
..... Method of administration: N/A / intravenous / oral / enteral / subcutan other notes:
.....

Insulin: yes / no
If yes:

Name of the medication:..... Dosage (00:00 – 23:00) Intensive care: yes / no if yes:
type: ventilation / vasopressor therapy / kidney treatment / other Notes:
.....

Other: yes / no
If yes: please describe

.....
.....
.....

2.1.5. CT scan:

Date of CT examination:.....

WOPN:

Size:.....(mm x mm)

Proportion of necrotic parts:(%)

2.1.6. Other imaging techniques (EUS/MRI/MRCP)?

yes / no / N/A

Date ofexamination:.....

WOPN:

Size:.....(mm x mm)

Proportion of necrotic parts:(%)

Alterations of Wirsung duct:.....

2.2. Second control (on the 7th week)

Date of second control:.....

Is the patient treated in hospital now? yes / no / N/A

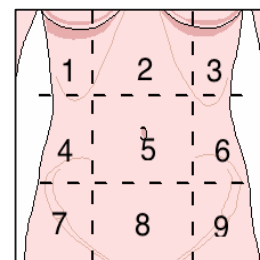
If yes, in which department?

2.2.1. Anthropometry

Weight: (kg)

Height:.... (cm)

Body mass index:



2.2.2. Complaints, symptoms

Abdominal pain:

yes / no / N/A

if yes:

since when (hours):.....

type: N/A / cramping / dull / sharp intensity (1-10):.....

location: diffuse / localised

Please mark the location!

radiation:.....

Nausea: yes / no

Vomiting: yes / no

if yes:

how many times:.....

contents of cast: unknown / watery / containing food residue / bloody / containing bile

Subfebrility/fever: yes / no

if yes:

Since when:.....

Temperature (axiliar): °C

Temperature (rectal):..... °C

Appetite: good / retained / bad

Weight loss: yes / no

If yes:

How long did it take? (weeks):.....

How much (kg):.....

Stool: normal / diarrhea / constipation / fatty / putrid / undigested food / bloody / mucus

Please refer to the period just before your symptoms has started

2.2.3. Laboratory parameters on second control:

Erythrocyte sedimentation rate(ESR)/Westergren (mm/h)	
C-reactive protein (mg/l)	
Procalcitonin (ng/ml)	
Blood count	
White blood cell count (G/l)	
Red blood cell count (T/l)	
Hemoglobin (g/l)	
Hematocrit (%)	
MCV	
Thrombocyte (G/l)	
Ions	
Sodium (mmol/l)	
Potassium (mmol/l)	
Calcium (mmol/l)	

Magnesium (mmol/l)	
Phosphate (mmol/l)	
Chlorid (mmol/l)	
Iron (umol/l)	
Pancreas	
Glucose (mmol/l)	
Alfa amylase (U/l)	
Lipase (U/l)	
Renal function	
Blood urea nitrogen (mmol/l)	
Creatinine (umol/l)	
eGFR	
Liver function	
Total bilirubin (umol/l)	
Direct/conjugated bilirubin	
Indirect/unconjugated bilirubin (umol/l)	
ASAT/GOT (U/l)	
ALAT/GPT (U/l)	
Gamma GT (U/l)	
Alkaline phophatase (U/l)	
Lactate dehydrogenase (LDH) (U/l)	
Protrombin (%)	
Protrombin INR	
Metabolism	
Cholesterol (mmol/l)	
Triglicerid (mmol/l)	
Uric acid (umol/l)	
TSH (mU/l)	
HgbA1C (%)	
Proteins	
Total protein (g/l)	
Albumin (g/l)	
Blood gas parameters	
PaO2 (Hgmm)	
HCO3 (mmol/l)	
sO2 (%)	
Other	

2.2.4. Therapy:

Intravenous fluid yes / no / N/A
 if yes: type of fluid.....
 amount(ml)

Parenteral feeding yes / no / N/A
if yes type
 amount(ml)

Enteral feeding yes / no / N/A
if yes: nasogastric / nasojejunal
 formula:
 amount:..... (ml)
 dilution: yes / no
 if yes: degree of dilution:

Oral feeding: yes / no / N/A

Pain management: yes / no / N/A
if yes:

Name of medication:..... active substance:..... dose: dose without unit (number only!)
unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):
..... Method of administration: N/A / intravenous / oral / enteral / subcutan other notes:
.....
.....

Name of medication:..... active substance:..... dose: dose without unit (number only!)
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Name of medication:..... active substance:..... dose: dose without unit (number only!)
unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):
..... Method of administration: N/A / intravenous / oral / enteral / subcutan other notes:
.....

Antibiotic therapy: yes / no

If yes: details

Name of medication:..... active substance:..... dose: dose without unit (number only!)
unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):
..... Method of administration: N/A / intravenous / oral / enteral / subcutan other notes:
.....

Name of medication:..... active substance:..... dose: dose without unit (number only!)
unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):
..... Method of administration: N/A / intravenous / oral / enteral / subcutan other notes:
.....

Name of medication:..... active substance:..... dose: dose without unit (number only!)
unit: g / mg / IU if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3):
..... Method of administration: N/A / intravenous / oral / enteral / subcutan other notes:
.....

Insulin: yes / no

If yes:

Name of the medication:..... Dosage (00:00 – 23:00) Intensive care: yes / no if yes:
type: ventilation / vasopressor therapy / kidney treatment / other Notes:

.....

Other: yes / no
If yes: please describe

.....
.....
.....

2.2.5. CT scan:

Date of CT examination:.....

WOPN:

Size:.....(mm x mm)

Proportion of necrotic parts:(%)

2.2.6. EUS

Was EUS done between the 3rd and 7th week? yes / no / N/A

Date of EUS examination:

WOPN:

Size:.....(mm x mm)

Width of the wall:(mm)

Proportion of necrotic parts:(%)

Distance from stomach:..... (mm)

2.2.7. MRI

Was MRI done between the 3rd and 7th week? yes / no / N/A

Date of MRI:.....

WOPN:

Size:.....(mm x mm)

Width of the wall:(mm)

Proportion of necrotic parts:(%)

Distance from stomach:..... (mm)

MRCP: yes / no / N/A

Rupture of Wirsung duct: yes / no / N/A

3. Removal of stent or drain:

Type of intervention: endoscopic / percutaneous / surgical

Date of the removal of the stent or drain:.....(év, hónap, nap)

Was another stent inserted? yes / no / N/A

if yes: endoscopically / surgically / percutaneously

Date of stent insertion:

4. Effect of WOPN drainage:

Clinical remission: yes / no / N/A

Radiological remission (WOPN < 4 cm): yes / no / N/A

4.1. Primary end points:

Mortality? yes / no

if yes: time of death:.....

cause of death:.....

Major complications:

Organ failure: yes / no

if yes: lung / kidney / heart / other

Bleeding: yes / no / N/A

if yes, intervention was needed? yes / no / N/A

Perforation: yes / no / N/A

if yes, intervention was needed? yes / no / N/A

Enterocutaneous fistula: yes / no / N/A

Incisional hernia: yes / no / N/A

4.2. Secondary end points

Exocrine pancreatic insufficiency: yes / no / N/A

Endocrine pancreatic insufficiency: yes / no / N/A

Necrectomy was needed: yes / no / N/A

Number of interventions:.....

Wound infection: yes / no / N/A

Stent migration: yes / no / N/A

Length of hospital treatment:.....(days)

Length of intensive care treatment:.....(days)

Other complications:.....

Cost:.....